

INDIVIDUAL ADVOCATE APPLICATION

TEXAS
JUVENILE
JUSTICE
DEPARTMENT

Personal Informa	Personal Information										
Name (Last, First, Middle)				Suffix (e.g., Jr.)			(e.g., Jr.)	Other Names Used			
Address				Apt. #		City			State		Zip
Primary Phone # Work			Work Phone #	Phone #				Is it okay to receive calls at work?			
								☐ Yes ☐ No			
Email Address								Fax#			
Have you or anyone you know been employed by TJJD?											
Have you or anyone you know been enrolled in the TJJD volunteer program? Yes No											
Have you or anyone you know been committed to the custody of TJJD?											
	If you answered "Yes" to any question above, please provide detail.										
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The following information is required to conduct background checks and/or for statistical analysis											
Social Security Numb		TX Driver's Li	=			ense Cl				-	
Coolar Coounty I varie	701	IX BIIVOI 3 EI	001100 11	Briver's Electise Glass			Maiden Name (if Married)				
Date of Birth	Place of Bi	rth (state only)	Height		Weigh	nt		Hair Colo	r	Eye	Color
		())								_,-,-	
☐ Male	☐ Marrie	ale	☐ Caucasian			☐ Hispanic ☐ Other					
Female	☐ Married ☐ Single ☐ Widowed ☐ Divorced			African-America				·			
Special Accommodations											
Do you require any special accommodation in order to deliver your services?											
Yes No If yes, please explain:											
Emergency Cont	act - In th	e event of a	n emergency	, indic	ate th						
Name			Relation	Relationship Daytime P			none # Home Phone #			one #	
Criminal Record Check											
Have you ever been convicted of a felony or misdemeanor?											
Are you currently charged with a felony or misdemeanor?											
If you answered Yes above, briefly describe the circumstances of your conviction or current charge, indicating the date, nature, and place of the offense and disposition of the case.											
nature, and place of the offense and disposition of the case.											
Name of advocacy or service organization with which you are affiliated.											

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P.O. Box 12757 Austin, Texas 78711

Questions: Call Tammy Holland at 512-424-6090

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Your role and/or title within the organization.	
PLEASE READ THE FOLLOWING STATEMENTS CARE ACCEPTANCE BY SIGNING YOUR NAME IN THE SPACE II	
• I certify that the statements made in this advocate application	on are true and correct, and have been given voluntarily.
• I understand that this information may be disclosed to any particles from any liability whatsoever for supplying such information.	arty with legal and proper interest, and I release the agency
 I agree that any written or oral misrepresentation in making t TJJD. 	his application is just cause for revocation of access to
• I understand that I will not be paid by TJJD for my services a	as an advocate.
• I understand that any violation of the Community Advocate A	Agreement may result in revocation of access to TJJD.
V	
Applicant's Signature: X	Date:
Submit the completed application to only one of the following I	ocations:
Fax to: 512-424-6283	
Email to: tammy.holland@tjjd.texas.gov (pdf only)	
Mail to: Tammy Holland Administrator of Volunteer Services	

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With few exceptions, you are entitled, upon request, to be informed about the information that the Texas Juvenile Justice Department collects about you.
 Under Sections 552.021 and 552.023 of the Texas Government Code, you are entitled to receive and review this information.

> Under Section 559.004 of the Texas Government Code, you are entitled to have the Texas Juvenile Justice Department correct any information that is incorrect.